

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000085201

1. Entity Name

STONE'S IRRIGATION MAINTENANCE, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90063 045 ***150.00

Principal Place of Business

925 18TH PL
VERO BEACH FL 32960
US

Mailing Address

925 18TH PL
VERO BEACH FL 32960
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BECHT, EDWARD W
321 SOUTH 2ND STREET
FORT PIERCE FL 34950

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

SIGNATURE

(Signature, typed or printed name of registered agent and to whom applicable)

(NOTE: Registered Agent's signature required when resigning)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	STONE, ROBERT B SR	
STREET ADDRESS	925 18TH PLACE	
CITY-STATE-ZIP	VERO BEACH FL 32960	
TITLE	D	☒ Delete
NAME	RUSSAKIS, GREGORY J	
STREET ADDRESS	925 18TH PLACE	
CITY-STATE-ZIP	VERO BEACH FL 32960	
TITLE	D	☒ Delete
NAME	RUSSAKIS, NICHOLAS J	
STREET ADDRESS	925 18TH PLACE	
CITY-STATE-ZIP	VERO BEACH FL 32960	
TITLE	D	☐ Delete
NAME	STONE, ROBERT B JR	
STREET ADDRESS	925 18TH PLACE	
CITY-STATE-ZIP	VERO BEACH FL 32960	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Change ☒ Addition
NAME	Perez, Juan A.	
STREET ADDRESS	925 18th Place	
CITY-STATE-ZIP	VERO BEACH, FL 32960	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes; I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with other I/we empowered.

SIGNATURE

Robert B Stone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

561-595-8844

CH2E034 (10/00)